



PEACE OFFICER STANDARDS AND TRAINING (POST)

Medical Exam Report

Correction Officer

Applicant's Name: _____
Last First M. I.

POST ID # _____
Last 4 of SSN 1st 4 Letters of First Name Day of Birth

To the Applicant: POST Rules require a complete medical examination be performed by a Licensed Physician or his designee. The medical exam is only valid for one year. It is **your** responsibility to make sure all medical forms are completed thoroughly and signed in the appropriate places.

Complete and the Health Questionnaire (Form BP-8) and present to your physician for review. Leave the Health Questionnaire (Form BP-8) with your physician.

To the examining Physician: The above named applicant has chosen a career as a Correction Officer. Please check one box.

- ☐ I have reviewed the submitted Health Questionnaire (Form BP-8)
- ☐ The applicant did not provide a completed Health Questionnaire (Form BP-8).

A thorough medical examination is required to determine if the applicant is free from any physical, emotional or mental condition, free of any signs/symptoms of communicable disease likely to infect others in a training environment or any other condition which might adversely affect the applicant's ability to train or perform the duties of a Correction Officer.

Officers are required to participate in vigorous self-defense and physical development exercises during training. **In your medical opinion, does this applicant have the level of physical ability to complete the following?**

Acting alone, this applicant must be able to:

Apply and remove restraints	Respond to man-made/natural disasters
Conduct pat searches	Respond to medical emergencies
Conduct strip searches	Respond to security emergencies
Conduct tier checks	Search areas
Enforce institution/housing rules	Search vehicles
Escort inmates (inside)	Supervise inmate workers
Evacuate inmates (inside)	Supervise meals
Pursue inmates on foot	Transport inmates (outside, by vehicle)
Respond to disturbances	Use physical control holds
Respond to fire emergencies	Use pressure point control

PHYSICAL ABILITIES: Static, dynamic trunk strength, extension and dynamic flexibility, manual and finger dexterity, arm-hand steadiness, gross body coordination, speed of limb movement and mobility, observation skills

OPERATE: computer, chemical agents, handcuffs

WORK LONG HOURS IN: darkness, remote areas, hot and cold weather, while seated, standing, bending, reaching, pushing, kneeling, pulling, lifting, turning and standing, turning and sitting, crawling, handling and feeling: emotionally disturbed and hostile people.

PHYSICIAN STATEMENT AFTER EXAMINATION:

Please initial the appropriate area:

_____ I have examined the applicant and, in my opinion, the applicant **IS** physically able to perform the full duties required of an officer, in training or in the field, as outlined above.

_____ I have examined the applicant and, in my opinion, the applicant **IS NOT** physically able to perform the full duties required of an officer.

_____ In my opinion, the applicant **IS NOT NOW** physically able to perform the full duties required of an officer. To become physically able to perform the duties required of an officer this person must:

Signature of Examiner _____ **Date of Exam** _____

Printed Name of Examiner _____

IMPORTANT! Type or stamp Physician's name, address, telephone number below: